

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 87240
District II
1301 W. Grand Ave., Artesia, NM 87210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
May 27, 2004

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-015-30196
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name: Washington 33 State
8. Well Number 22
9. OGRID Number 00778
10. Pool name or Wildcat Artesia Queen Grbg San Andres

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3674' GR

Pit or Below-grade Tank Application ☐ or Closure ☐

Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____

Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS)

1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	2. Name of Operator BP America Production Company	3. Address of Operator P.O. Box 1089 Eunice NM 88231
4. Well Location Unit Letter <u>L</u> : <u>1720</u> feet from the <u>S</u> line and <u>330</u> feet from the <u>W</u> line Section <u>33</u> Township <u>17S</u> Range <u>28E</u> NMPM County <u>EDDY</u>	5. Date of Notice AUG 23 2007 OCD ARTESIA	

12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER: Abandon Yeso Perfs <input checked="" type="checkbox"/>

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

THIS REPORT REPLACES SUBSEQUENT C-103 DATED 8/13/07.

Start Date: 7/23/07 Complete Date: 7/27/07: MIRU PU. POH with rods and pump. ND wellhead, NU BOP. POH with tubing. TIH with bit and scraper to 3747'. POH. RU wireline. Set CIBP @ 3580'. Dumped 35' cement on top. RD wireline. TIH w/ RBP and pkr on tbq. Treated SA 2400-2816' & Qn Grbg 1432-2090' w/ 25 bbl Toluene each. POH w/ packer and RBP. TIH w/ prod tbq. ND BOP, NU wellhead. Swabbed 45 bbl fluid. Ran pump and rods. Put well on pump. RDP.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐ , a general permit ☐ or an (attached) alternative OCD-approved plan ☐

SIGNATURE Vicki Owens TITLE Administrative Assistant DATE 8/22/07

Type or print name Vicki Owens E-mail address: owensv12@bp.com Telephone No. 505-394-1650

For State Use Only

APPROVED BY _____ TITLE _____ DATE _____

Conditions of Approval, if any:

Accepted for record - NMOCD

8/24/07